



TRAINING CERTIFICATION

Employee Name		
First:	<input type="text"/>	Last: <input type="text"/>
		PPL ID: <input type="text"/>
Individual Name		
First:	<input type="text"/>	Last: <input type="text"/>
		PPL ID: <input type="text"/>
Employer Name (this must be completed)		
First:	<input type="text"/>	Last: <input type="text"/>

Required Training	
The following six trainings must be completed by all NJ DDD Self-Directed Employees (SDEs). A one-time reimbursement payment will be issued to a SDE after all trainings are completed and certified. Only one payment will be made per SDE, per lifetime.	
Training	Date of Completion
DDD Life Threatening Emergencies (Danielle's Law)	
DDD Stephen Komninos Law Training	
DDD Prevention of Abuse, Neglect and Exploitation – Module 1, 3, 4, 5 and 7	
DDD Medicaid Fraud, Waste and Abuse	
Cardiopulmonary Resuscitation (CPR)	
First Aid (FA)	

Service Plan Specific Training	
The following six (6) trainings must be completed by NJ DDD SDEs if medication administration applies to the services they will deliver.	
Training - DDD Required (Prior to Medication Administration)	Date of Completion
Lesson 1: Overview and Key Concepts	
Lesson 2: Healthcare Appointments	
Lesson 3: Getting & Storing Medications	
Lesson 4: Documentation and Communication	
Lesson 5: Supporting Medication Administration and Prevent Errors	
Lesson 6: Observation and Next Steps	

Agree and Sign	
I certify that I have completed these trainings and that (check one):	
<input type="checkbox"/> I have NOT been reimbursed previously from any agency and require payment.	
<input type="checkbox"/> I have been reimbursed previously and do not require payment.	
Employee Signature:	Date:
<input type="text"/>	<input type="text"/>
I certify that this employee has provided me with proof that these trainings have been completed, and that (check one):	
<input type="checkbox"/> This employee has NOT been reimbursed previously from any agency and requires payment.	
<input type="checkbox"/> This employee has been reimbursed previously and does not require payment.	
Employer or Authorized Representative Signature:	Date:
<input type="text"/>	<input type="text"/>